

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Monterrel Lewis dba Chucktown  
Reliable Taxi

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JUL - 8 2013

TRANS DEPT

PENDING

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

2013-102-T

245094

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 201 - 333-T

245095

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Monterrel LewisTelephone: 843-534-3475Address: 5411 Gregg's Landing

Fax: \_\_\_\_\_

PO Charleston SC 29470

Other: \_\_\_\_\_

Email: kingterrellewis@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

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CLEARED FOR  
OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## CLASS C REINSTATEMENT FORM

7-9-13 de

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 7-1-2013

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Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 3-12-13 because my engine went out and  
 (DATE)  
It was my first time, I didn't know I had to continue paying, rather  
the car was working or not, so it was revoked for non payment,  
 I am seeking reinstatement because I'm going to have another vehicle  
to operate soon.

Momentarvel Lewis

(Name of Company)

DBA Chucktown Reliable Taxi  
 (if applicable)

5411 Greggs Landing  
 (Street Address)

(Mailing Address if different from Street Address)

W. Charleston S.C. 29420  
 (City, State, Zip Code)

Momentarvel Lewis  
 (Signature)

843-534-3475  
 (Telephone Number)

Owner  
 (Title) Owner, President, etc.